## APPLICATION DATA SHEET

Contract or Grant Numbers:: Secrecy Order in Parent?::

APPLICATION INFORMATION			
Application Type::	371 National Stage		
Subject Matter::	Utility		
Suggested Classification::			
Suggested Group Art Unit::			
CD-ROM or CD-R?::	None		
Number of CD Disks::			
Number of Copies of CDs::			
Sequence Submission?::			
Computer Readable Form?::			
Number of Copies of CRF::			
Title::	MEDICAL SUTURING TOOL		
Attorney Docket Number::	H-KN-00175 US		
Request for Early Publication?::	No		
Request for Non-Publication?::	No		
Suggested Drawing Figure::	Fig.3		
Total Drawing Sheets::	14		
Small Entity?::	No		
Petition Included?::	No		
Petition Type::			
Licensed US Govt. Agency::			

APPLICANT INFORMATION Inventor Applicant Authority Type:: JΡ Primary Citizenship Country:: Status:: Full Capacity Kazuhiro Given Name:: Middle Name:: Family Name:: **ABE** Name Suffix:: Fukuroi-shi City of Residence:: State or Province of Residence:: Shizukoa Country of Residence:: JΡ Street of Mailing Address:: 1217-1 Tomonaga City of Mailing Address:: Furkuroi-shi State or Province of Mailing Address:: Shizukoka Country of Mailing Address:: JΡ Postal Code of Mailing Address:: 437-0004 Applicant Authority Type:: Inventor JΡ Primary Citizenship Country:: Status:: Full Capacity Given Name:: Shigeaki Middle Name:: Family Name:: Funamura Name Suffix:: Fukuroi-shi City of Residence:: State or Province of Residence:: Shizukoa Country of Residence:: Street of Mailing Address:: 1217-1 Tomonaga City of Mailing Address:: Fukuroi-shi

State or Province of Mailing

Address:: Shizukoa

Country of Mailing Address:: JP
Postal Code of Mailing Address:: 437-0004

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 54964

REPRESENTATIVE INFORMATION

Representative Customer Number:: 54964

DOMESTIC PRIORITY INFORMATION					
APPLICATION::	CONTINUITY TYPE:		PARENT	PARENT FILING	
			APPLICATION::	DATE::	
FOREIGN PRIORITY IN	IFORMATION				
COLINTERV	NA PRIMATION FILING DATE PRIORITY OF A			DDIODITY OF A IMAGE.	
COUNTRY::	APPLICATION NUMBER::		FILING DATE::	PRIORITY CLAIMED::	
ASSIGNMENT INFORMA	ATION				
Assignee Name::			Sherwood Services AG		
Street of Mailing Address::			Postfach 1571,		
			Bahnhofstrasse 29		
City of Mailing Address::			Schaffhausen		
State or Province of					
Mailing Address::					
Country of Mailing Address::			Switzerland		
Postal or Zip Code of					
Mailing Address::			CH-8201		
Assignee Name::			Nippon Sherwood Medical Industries		
Street of Mailing Address::			1217-1 Tomonaga,		
City of Mailing Address::			Fukurio-shi		
State or Province of					
Mailing Address::			Shizuoka		
Country of Mailing Address::			Japan		
Postal or Zip Code of					
Mailing Address::			437-0004		